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QUALITY OF CARE AND OUTCOMES ASSESSMENT

EARLY PHYSICIAN FOLLOW-UP AND 30-DAY READMISSION AMONG MEDICARE BENEFICIARIES HOSPITALIZED WITH HEART FAILURE: DATA FROM OPTIMIZE-HF AND GWTG-HF

ACC Oral Contributions

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Background: Readmission after a hospitalization for heart failure (HF) is common and varies significantly across hospitals. It is unknown whether hospitals with early follow-up after discharge have lower readmission rates.

Methods: We linked patients aged 65 and older from hospitals participating in the Organized Program to Initiate Lifesaving Treatment in Hospitalized Patients With Heart Failure and the Get With the Guidelines-HF quality-improvement programs during January 1, 2003 through December 31, 2006 with Medicare Part A and B claims. Post-discharge follow-up was examined and the relationship with 30-day all-cause readmission at the hospital level was determined using Cox-proportional hazard models.

Results: The study population included 30,136 patients from 225 hospitals who were discharged alive to home (median cases = 229; 30-day readmission rate = 21.3%). Across hospitals, the median frequency of patients receiving physician evaluation within 7 days of discharge was 37.2% (IQR: 31.4%, 43.6%) and varied significantly (Figure). For every 10-point increase in a hospital's percentage of patients with follow-up within 7 days, the risk-adjusted hazard of 30-day readmission was 5% lower [HR 0.95, 95% CI (0.91, 0.99) $p=0.01$].

Conclusion: Among hospitals with higher rates of early follow-up after HF hospitalization, the risk of readmission was lower. However, the median hospital frequency of early follow-up was low, presenting an ideal target for hospital quality improvement.

Figure: Hospital Variation in Early Follow-up within 7 days after Discharge

